

Benefit Changes Effective July 1, 2008

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS	IN-NETWORK CO-PAY AND BENEFIT CHANGES (See pages 15-23 for other health plan co-pays)
Fallon Community Health Plan Direct Care	<ul style="list-style-type: none"> ■ Outpatient surgery co-pay: \$100 ■ Routine eye exam benefit changed to every 24 months
Fallon Community Health Plan Select Care	<ul style="list-style-type: none"> ■ Primary Care Physician office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$10 □ ★★ Tier 2: \$15 □ ★ Tier 3: \$25 ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★ Tier 3: \$35 ■ Outpatient mental health office visit co-pay: no tiering - \$15 per visit ■ Outpatient surgery co-pay: \$125 ■ Routine eye exam benefit changed to every 24 months
Harvard Pilgrim Independence Plan	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$35 ■ Outpatient surgery co-pay: \$100
Health New England	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$35 ■ Inpatient hospital admission co-pay: \$250 ■ Outpatient surgery co-pay: \$100 ■ Routine eye exam benefit changed to every 24 months
Navigator by Tufts Health Plan	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$35 ■ Inpatient hospital co-pays change and third tier is eliminated for adult medical/surgical and obstetrics: <ul style="list-style-type: none"> □ Tier 1: \$200 □ Tier 2: \$400 ■ Outpatient surgery co-pay: \$100
NHP Care (<i>Neighborhood Health Plan</i>)	<ul style="list-style-type: none"> ■ Primary Care Physician office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$25 ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★★ Tier 2: \$25 □ ★ Tier 3: \$35 ■ Outpatient mental health office visit co-pay: no tiering - \$10 per visit ■ Outpatient surgery co-pay: \$100 ■ Routine eye exam benefit changed to every 24 months

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH PLANS	IN-NETWORK CO-PAY AND BENEFIT CHANGES (See pages 15-23 for other health plan co-pays)
UniCare State Indemnity Plan/ Basic, Community Choice, and PLUS	<ul style="list-style-type: none"> ■ Co-pays for generic Prilosec reduced to Tier 1; Nexium and Prevacid co-pays reduced to Tier 2 ■ Primary Care Physician office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$25 ■ Outpatient surgery deductible: \$100 ■ Added routine eye exam every 24 months
UniCare State Indemnity Plan/Basic	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★ Tier 3: \$30 ■ Inpatient hospital admission deductible: \$200
UniCare State Indemnity Plan/ Community Choice	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★ Tier 3: \$35
UniCare State Indemnity Plan/PLUS	<ul style="list-style-type: none"> ■ Specialist office visit co-pay: <ul style="list-style-type: none"> □ ★★★ Tier 1: \$15 □ ★ Tier 3: \$35 ■ Inpatient hospital admission deductible Tier 1: \$250

MEDICARE HEALTH PLANS	IN-NETWORK CO-PAY AND BENEFIT CHANGES (See pages 24-29 for other health plan co-pays)
Harvard Pilgrim First Seniority Freedom	This health plan will no longer be offered; all members must choose a new health plan for coverage effective July 1, 2008.
Harvard Pilgrim Medicare Enhance	This is a new Medicare plan offered by the GIC. It is a supplemental Medicare plan covering services provided by any licensed hospital or doctor across the United States that accepts Medicare payment. See page 25 for additional information.
UniCare State Indemnity Plan/ Medicare Extension (OME)	<ul style="list-style-type: none"> ■ Co-pays for generic Prilosec reduced to Tier 1; Nexium and Prevacid co-pays reduced to Tier 2 ■ Added routine eye exam every 24 months

